

FRANKLIN HEALTH DEPARTMENT

355 East Central Street, Franklin, MA 02038

Telephone (508) 520-4905

FAX (508) 520-4989

NEW: YES/NO

RENEWAL: YES/NO

CALENDAR YEAR: _____

FEE AMOUNT: _____

SEPTIC SYSTEM INSTALLER'S PERMIT APPLICATION

Include a check in the amount of \$100.00 payable to the Town of Franklin
INSTALLER'S PERMITS EXPIRE ON DECEMBER 31ST OF EACH CALENDAR YEAR.

Company/Individual's Name: _____

Address: _____

City/State/Zip: _____ Telephone #: _____

If Corporation or Partnership provide Names, Titles and Addresses of Officers:

1. _____

2. _____

3. _____

Name of Person Supervising the Septic System Installations: _____

List other Massachusetts municipalities in which you hold a current license to install septic systems:

Town	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT PLEASE READ CAREFULLY

All requests for field inspections require at least 24-hour advance notice. The supervisor overseeing installations must be present during all inspections.

To avoid errors and omissions during construction, installers must work from plans stamped and approved by the Franklin Health Department.

A sieve analysis is required for all septic gravel used by the system installer.

The Town of Franklin Health Department does not allow installation of septic systems from January 1st to March 31st each calendar year.

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Town of Franklin Health Department and the State Environmental Code 310 CMR 15.000, Title V, and that I agree to fully comply with said regulations. I further certify that the information provided on this application is complete and true, and I acknowledge that non-compliance with the Town of Franklin Health Department Regulations and/or the State Environmental Code 310 CMR 15.000, Title V may result in the suspension and/or revocation of my Septic Installer's Permit.

Signature of Applicant or Authorized Agent